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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJEC	ELM PRO, LLC
NODSEN	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	ERICA MURIN
	Name of Person
	ELM PRO, LLC
	Firm/Company
	3317 BUFFALO TRAIL
	Address
	DELAND, FLORIDA 32724
	City/State and Zip Code ERICALEIGHM@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	ERICA MURIN 386 747-7573
	Name of Person Area Code Daytime Telephone Number
Enclose	I is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S155.00 Filing Fee & Certified Copy (Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
ELM PRO, LLC			
(Must conta	in the words "Limited I	Liability Company, "L.L	C" or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limited Liab	oility Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
3317 BUFFALO TRA DELAND, FLORIDA	 		FFALO TRAIL D. FLORIDA 32724
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent, You n.)	Signature: must designate an individual or
	ERICA MURIN		
		Name	
	3317 BUFFALO TR.	AIL	
	Florida street address	s (P.O. Box NOT accept	table)
	DELAND	FLORIDA	32724
	City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of two position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TO HAR IL ANIO: 13

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

### ERICA MURIN 3317 BUFFALO TRAIL DELAND, FLORIDA 32724	Litte:	Name and Address:
ERICA MURIN 3317 BUFFALO TRAIL DELAND, FLORIDA 32724 Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 615.0203 (1) (b). Florida Statut I am aware that any fase information submitted in a document to the Department of Statut I am aware that any fase information submitted in a document to the Department of Statut I am aware that any fase information submitted in a document to the Department of Statut I am aware that any fase information submitted in a document to the Department of Statut I am aware that any fase information submitted in a document to the Department of Statut I am aware that any fase information submitted in a formation of Statut I am aware that any fase information submitted in a formation of the Department of Statut I am aware that any fase information submitted in a formation of the Department of Statut I am aware that any fase information and being the statut I am aware that any fase information and being the statut I am aware that any fase information and Designation of Registered Agent	"MGR" = Manager	
DELAND, FLORIDA 32724 Effective date, if other than the date of filing:	MGR	
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5.00 Certificate of Status (Optional)